

9. **EXPERIENCE** — Starting with the most recent, describe your last three paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

a. **Job Title:** _____
Employer: _____
Address: _____

Phone: _____
Type of Business: _____
Immediate Supervisor: _____
Title: _____
Salary (start): _____ (finish) _____
Dates (mo/yr): _____ to (mo/yr) _____
Full-time _____ **Part-time** _____ **Hours/week** _____

Duties: _____

Number and titles of employees you supervised: _____
Equipment used: _____
Reason for leaving: _____
Your name if different from present: _____

b. **Job Title:** _____
Employer: _____
Address: _____

Phone: _____
Type of Business: _____
Immediate Supervisor: _____
Title: _____
Salary (start): _____ (finish) _____
Dates (mo/yr): _____ to (mo/yr) _____
Full-time _____ **Part-time** _____ **Hours/week** _____

Duties: _____

Number and titles of employees you supervised: _____
Equipment used: _____
Reason for leaving: _____
Your name if different from present: _____

c. **Job Title:** _____
Employer: _____
Address: _____

Phone: _____
Type of Business: _____
Immediate Supervisor: _____
Title: _____
Salary (start): _____ (finish) _____
Dates (mo/yr): _____ to (mo/yr) _____
Full-time _____ **Part-time** _____ **Hours/week** _____

Duties: _____

Number and titles of employees you supervised: _____
Equipment used: _____
Reason for leaving: _____
Your name if different from present: _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment): _____
 Typing speed: _____ words per minute. Shorthand speed: _____ words per minute.

f. License (to include driver's), certificate or other authorization to practice a trade or profession.
 Type _____ License Number _____ Granted by (licensing board) _____

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